

U.S. DEPARTMENT OF AGRICULTURE AGRICULTURAL RESEARCH SERVICE DEPARTURE CHECKOUT OF FOREIGN RESEARCH ASSOCIATE	NAME OF ASSOCIATE
	COUNTRY OF PRESENT CITIZENSHIP
AREA AND LOCATION ASSIGNED	DATE OF DEPARTURE FROM U.S.
	FACILITY (Name and Address)

NAME OF SPONSOR

CHECKOUT

- ☐ Final report completed
- ☐ Arrangements made for publications *(If applicable)*
- ☐ Patent applications and assignments completed *(If applicable)*
- ☐ ARS property turned in:
- ☐ Keys
 - ☐ Research notebooks
 - ☐ Other *(Specify):*
 - ☐ Other *(Specify):*
- ☐ Information furnished associate regarding Internal Revenue rules and regulations on alien clearance *(Certificate of Compliance)*.
(Check with local Internal Revenue agent).

FACILITY SECRETARY WILL NOTIFY OF DEPARTURE IN ADVANCE

- ☐ Director's office
- ☐ Receptionist
- ☐ Records Service
- ☐ General Services Division after departure
- ☐ Other *(Specify):*

REMARKS

SIGNATURE *(Facility Head)*

DATE